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APPLICANTS

Richard C. Darr, Medina, OH;

James C. Dorn, Norton, OH;
Richard A. Lovelace JR., Akron, OH;8w
** CONTINUING DATA *****

This application is a CIP of 29/191,818 10/14/2003 PAT D,498,677

DW
** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature	<i>Sam Weaver</i> <i>SW</i>	OH	7	20	1

ADDRESS

ROBERT H. BACHMAN
59 RICHARD SWEET DRIVE
WOODBRIDGE, CT
06525

TITLE

Plastic container

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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